



**Community Development Group**

**Neighborhood Assistance Program**

**PO Box 118, Jefferson City MO 65102**

**Telephone: 573-751-4539 Fax: 573-522-4322**

**e-mail: [nap@ded.mo.gov](mailto:nap@ded.mo.gov) Internet: [www.missouridevelopment.org/cd](http://www.missouridevelopment.org/cd)**

**STATE USE ONLY**

**NEIGHBORHOOD ASSISTANCE PROGRAM  
FY2005 APPLICATION**

APPLICANT (OFFICIAL OR LEGAL NAME)			
PROJECT TITLE		*PROJECT LOCATION (STREET, CITY, COUNTY, 9-DIGIT ZIP CODE)	
CONTACT PERSON/PROJECT ADMINISTRATOR (FIRST NAME, LAST NAME, TITLE)			
*MAILING ADDRESS (STREET ADDRESS, P.O. BOX, CITY, STATE, 9-DIGIT ZIP CODE)			
DAY PHONE (INCLUDE EXTENSION) (      )		FAX NUMBER (      )	
E-MAIL ADDRESS			
AGENCY DIRECTOR (FIRST NAME, LAST NAME, TITLE)		DAY PHONE (INCLUDE EXTENSION) (      )	
PROPOSED PROJECT PERIOD (CIRCLE ONE) 12 Months      24 Months      36 Months		PROJECT TYPE (CHOOSE ONLY ONE) <input type="checkbox"/> Service Delivery <input type="checkbox"/> Capital Campaign	
* You may find the 9-digit zip by accessing: <a href="http://www.usps.com">www.usps.com</a> and clicking on "Find Zip Codes."			
INDICATE THE ELIGIBILITY CATEGORY FOR YOUR ORGANIZATION (CHOOSE ONLY ONE): <input type="checkbox"/> Incorporated in the State of Missouri as a domestic not-for-profit corporation under Chapter 355 RSMo on the following date:_____. Attach your Articles of Incorporation. <input type="checkbox"/> Incorporated under the laws of another state and allowed to operate in Missouri as a foreign not-for-profit corporation under Chapter 355 RSMo on the following date:_____. Attach your Articles of Incorporation. <input type="checkbox"/> Not incorporated separately but operating as a local chapter, branch, or division of the following "parent" organization (see guidelines for specific requirements): Attach parent organization's Articles of Incorporation.			
PARENT ORGANIZATION			
STREET ADDRESS			
CITY		STATE	
ZIP			
CONTACT		TITLE	
DAY PHONE		FAX	
<input type="checkbox"/> Business operating in Missouri. Attach your Articles of Incorporation. <input type="checkbox"/> Tax Exempt 501©3 status with the Internal Revenue Service (IRS)-Attach a copy of your tax exempt letter from the IRS.			
PROJECT CATEGORY			
Identify the category that best qualifies your project. Choose only one. (see guidelines, page 5) <input type="checkbox"/> Community Services <input type="checkbox"/> Education <input type="checkbox"/> Crime Prevention <input type="checkbox"/> Physical Revitalization <input type="checkbox"/> Job Training			
A1			

<b>PRIORITY AREAS IMPACTED BY THE PROJECT</b>		
Check any that apply. All items must be supported by narrative in the proposal.		
<input type="checkbox"/> Directly impacts NAP Outcomes	<input type="checkbox"/> Creating/Retaining Jobs	<input type="checkbox"/> New/Renovated Facilities
<b>PROJECT PROFILE</b>		
<ol style="list-style-type: none"> <li>1. Summarize your proposed NAP project.</li> <li>2. Discuss your organization's history and the services/products offered. Summarize two of your organization's past projects that are most similar to the proposed NAP project and the extent to which you achieved specific results.</li> <li>3. Indicate the number and characteristics of targeted customers that your project will actually serve (i.e. number, age, gender, education level, income level, etc.) and compare this to recent census information for your project area. How were the targeted customers identified? Define your geographical service area using streets, census tracts, city limits, etc.</li> <li>4. Discuss how this project meets the community and customers' needs? How is this project part of a community plan? How do you know this is a real need versus a perceived need? To what extent have customers been involved in planning the project?</li> <li>5. List and discuss the outcomes for your proposed project (see guidelines pgs. 5, 6, 15, 16). Explain why you have chosen these outcomes, their relevance to your target population and what your organization will do to impact these outcomes. If proposing a construction, renovation or property acquisition project, list and discuss the outcomes for the activities that will take place in the facility once construction, renovation or acquisition is completed.</li> <li>6. List and discuss the performance targets for each outcome you are addressing. Discuss why you have chosen these targets rather than setting higher or lower targets. Establish clear baselines for your performance targets (this is how you will know that change has occurred—see guidelines, pgs. 15, 16). If proposing a construction, renovation or property acquisition project, list and discuss the performance targets for the activities that will take place in the facility once construction, renovation or acquisition is completed.</li> <li>7. State how you will verify the extent to which your performance targets have been accurately measured and achieved. Discuss the evaluation tools you will use as well as how often the evaluation will take place and who will collect and report the data. If proposing a construction, renovation or property acquisition project, show how your organization will verify your performance targets for the activities that will take place in the facility once construction, renovation or acquisition is completed. (See guidelines, pgs. 16)</li> <li>8. List and discuss the milestones your target population must achieve to successfully meet the performance targets. If proposing a construction, renovation or property acquisition project, also include milestones for construction, renovation or property acquisition. (See guidelines, pgs. 16, 17)</li> </ol>		
<b>ADMINISTRATIVE CAPACITY</b>		
<ol style="list-style-type: none"> <li>9. Profile the key individuals who have the most responsibility for shaping your project, connecting it to your target population and achieving your performance targets. Focus on their energy, capacity and commitment. (See guidelines, pg. 17)</li> <li>10. Fully identify and discuss all partnering organizations or individuals and the role each will play in carrying out the project to completion.</li> <li>11. Provide information on the fund raising track record of your organization for the last 3 years. If you are a business applying to administer a NAP project, discuss at least one project for which you have made a charitable investment (monetary or in-kind) during the last 3 years.</li> <li>12. Fully discuss your fund raising plan for using NAP tax credits to generate contributions for the proposed NAP project. If you are a business applying to administer a NAP project, discuss your capacity to underwrite the costs for the proposed project.</li> <li>13. Explain how your proposed NAP budget relates to your project outcome(s).</li> <li>14. If NAP will only be used to support a portion of the cost of the proposed NAP project, identify other sources of support that will be used to pay the cost of the project.</li> <li>15. Explain how the proposed NAP project will be supported/maintained once the NAP contract has expired.</li> </ol>		

## NAP BUDGET PAGE

<b>Budget Category</b> (Note: Refer to <u>page 17-19</u> of the application instructions.)	<b>NAP Budget</b>	<b>Amount From Other Sources</b>
<b>Salaries</b>		
<b>Contract</b>		
<b>Travel</b>		
<b>Equipment</b>		
<b>Supplies</b>		
<b>Building Space</b>		
<b>Construction</b>		
<b>Property Acquisition</b>		
<b>Other Costs</b>		
<b>TOTAL—(NAP BUDGET MAY NOT EXCEED \$500,000)</b>		
<b>CREDITS REQUESTED—50% or 70%</b>		

**CURRENT EXECUTIVE BOARD MEMBERS**

*Please be advised DED staff will contact one or more of these Board members to discuss their role on the Board and their general level of support for and knowledge of this application. (Make copies of this form if necessary.)*

NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )

## LETTERS OF SUPPORT

*Please be advised that NAP staff may contact one or more of the persons listed below to verify their support for this project. Letters of support will only be accepted as part of the application at the time of submittal. Please do not ask persons writing support letters to send them to DED independent of the application.*

Instructions:

1. A minimum of three letters of support must be submitted.
2. Attach a letter from each individual, organization or institution identified in your proposal as supporting, participating or cooperating with you in any way to achieve your stated outcomes.
3. Letters should refer specifically to the proposed project, rather than a general letter of support, and refer to specific items your partner organization has committed to doing in support of your project.
4. The letters must be dated after November 1, 2003.

[illegible]

## LOCAL GOVERNMENT CERTIFICATION

By law, all projects require a local government certification before NAP approval can be given by the Department of Economic Development. **Applicants that do not submit a local government certification will be ineligible for the Neighborhood Assistance Program in fiscal year 2005.** The Local Government Certification form included in your application packet must be used for this purpose. A cover transmittal letter from the NAP Coordinator is also included for your use.

NAP applicants will obtain a Local Government Certification from the city in which the project will take place. If the proposed project involves the provision of services in more than one county or municipality, the endorsement shall come from the municipality where the primary service site is located. In the event that the project does not take place in an incorporated area, the endorsement must be obtained from the presiding body of the county. Current contacts for some of the larger areas of the state are shown below:

### **Cape Girardeau**

Office of the City Planner  
Attn: Kent Bratton  
401 Independence, Box 617  
Cape Girardeau, MO 63702  
(573) 334-8326

### **Greene County**

Mr. Dave Coonrod  
Presiding Commissioner  
933 N. Roberson  
Springfield, MO 65802  
(417) 868-4112

### **St. Charles County**

Ms. Anne Klein  
Director of Policy  
100 North 3<sup>rd</sup> Street  
St. Charles, MO 63301  
(636) 949-7520

### **Columbia**

Mr. Ray Beck  
City Manager  
701 E. Broadway, Box 6015  
Columbia, MO 65205  
(573) 874-7214

### **Springfield**

Mr. Ralph Rognstad  
Dept. of Planning & Development  
840 Boonville Street, Box 8368  
Springfield, MO 65802  
(417) 864-1037

### **St. Joseph**

Mr. Clint Thompson  
Community Development Mgr.  
1100 Frederick Ave., Room 405  
St. Joseph, MO 64501  
(816) 271-4787

### **Independence**

Ms. Janet Goucher  
Dept. of Community Development  
111 E. Maple  
Independence, MO 64050  
(816) 325-7396

### **Kansas City\***

Ms. Renea Nash  
Neighborhood Assistance Center  
City Hall  
Kansas City, MO 64106  
(816) 513-3214 (direct line)  
(816) 513-3200 (switchboard)  
(816) 513-3201 (fax)

### **St. Louis City**

Planning & Urban Design  
Attn: Don Roe, Deputy Director  
1015 Locust, Suite 1100  
St. Louis, MO 63101  
(314) 622-3400

### **St. Louis County**

Community Development  
Dept. of Planning  
Attn: Phil Minden  
121 South Meramec, Suite 444  
Clayton, MO 63105  
(314) 615-2986

#### **\*Attention Kansas City Applicants:**

**The city of Kansas City requires the submission of additional information with the required NAP form. For the detailed information about the K.C. certification process and a list of supplemental questions, please contact Renea Nash at the address and phone number listed above. All requests for certification must be received at the K.C. City Hall by March 1, 2004.**



# MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

## LOCAL GOVERNMENT CERTIFICATION

## NEIGHBORHOOD ASSISTANCE PROGRAM

This form does not signify approval of a proposed NAP project by the local unit of government. This form serves only to certify that the proposed NAP project is not in conflict with the existing plans and ordinances approved, enacted or enforced by the local unit of government.

### Section I. Application Information

LEGAL NAME OF AGENCY SPONSORING PROPOSED NAP PROJECT

OFFICIAL AGENCY ADDRESS

NAP CONTACT PERSON/TITLE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

### STATEMENT OF INTENT TO SUBMIT APPLICATION TO THE DEPARTMENT OF ECONOMIC

**DEVELOPMENT, NAP:** I have examined this request in its entirety and believe it to be an accurate description of the project to be submitted by this organization for the purpose of securing support through the Neighborhood Assistance Program administered by the Missouri Department of Economic Development. In the event that the proposed project is significantly altered and information contained herein is no longer accurate, I understand that a new local government certification will be required.

### MUST BE SIGNED IN PRESENCE OF NOTARY

Signature of Executive Director  
→

Date

Notary Public Embosser Seal or Black Ink Rubber Stamp Seal

State of

County (or City of St. Louis)

Subscribed and sworn before me, this  
Day of Year

Notary Public Signature

My Commission Expires

Use Rubber Stamp Here

Notary Public Name (Typed or Printed)

### Section II. Local Government Certification

The following unit of government: \_\_\_\_\_ has determined, based upon the information presented herein, that the project: ☐ does ☐ does not appear to conflict with the existing plans and ordinances approved, enacted or enforced by this body.

NAME

TITLE

AGENCY

TELEPHONE

SIGNATURE

→

DATE

### Section III. Purpose and Use of this Form

Law (32.110 RSMo) requires a local government certification of all projects submitted to the Department of Economic Development, Neighborhood Assistance Program (NAP). All applicants as part of their proposal must submit this completed certification form.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A SIGNED AND COMPLETED LOCAL GOVERNMENT CERTIFICATION.**

Applicants are asked to complete Sections I., IV., and V. of this form before forwarding to the appropriate government authority (please see instructions in the Neighborhood Assistance Program Application, Attachment C.) Local governments may, at their discretion, require supporting documentation and/or a copy of the actual NAP proposal as a condition for certification. Such requests should be directed to the applicant, NOT the Department of Economic Development.

## Section IV. Service Area and Populations Served

Briefly define and describe the geographic area of this project and the targeted populations the project will serve. Attach a map showing the boundaries of the service area and project location.

## Section V. Description of the Proposed Project

Briefly summarize the project you intend to submit for participation in the Neighborhood Assistance Program. Describe the performance targets and NAP program outcomes you plan to address as well as the function and operation of the project.



## SITE CONTROL

We understand that our organization must be able to demonstrate that we either presently have control, or will be able to secure control, of the site where our proposed capital campaign project will take place.

*Documentation is attached for whichever item is checked below:*

- ☐ 1. Evidence that your organization owns the property (Original title not required).
- ☐ Statement or tax receipt from Assessor's Office  
☐ Mortgage Insurance Statement  
☐ Title or Warranty Deed
- ☐ 2. A copy of an executed lease agreement (minimum 5 year agreement). A draft document will not satisfy this requirement.
- ☐ 3. Legal option to purchase or lease the property from the present owner if the project receives NAP credit approval. The language may stipulate various options depending on the approved tax credit amount. A draft document will not satisfy this requirement.
- ☐ 4. Contingency contract with the current owner stipulating that the property will either be contributed outright or sold to the organization at a discount if, and when, the project receives NAP approval. A draft document will not satisfy this requirement.\*

---

In an effort to assist you, we have provided the following examples of contingency language:

- If the project is approved at the 50% level, the property owner may require a larger cash payment in addition to receiving credits for the discounted amount.\*
- If the project is approved at the 70% credit level, the property owner may elect to receive a smaller cash payment, and discount the remainder of the property value in exchange for 70% credits.
- The property owner may require full cash payment for the property, regardless of any amount of credit being offered. If this option is chosen, appraisals are not required by NAP, since the buyer and the seller have the responsibility to negotiate a fair market price for purchase of the property.
- The property owner may choose to donate the property entirely or sell it at a discount without the benefit of the NAP tax credit, claiming only a federal charitable contribution deduction (if allowable).

*\* If credits are to be awarded on the amount of discount offered by the owner, the value of the property must be based on the lesser of the two qualified independent appraisals (i.e. conducted by state-certified or state-licensed appraisers.)*

---

### Building Usage

☐ Using the space below, please identify any other occupants in the facility and indicate if they are involved in the administration of the project as outlined in the NAP application. If they are not involved in the proposed NAP project, indicate what percentage of the space will be utilized by non-project related activity. The nonprofit organization administering the NAP project must occupy at least 50% of the building space.

## CERTIFICATION OF ALIEN EMPLOYMENT AND APPLICATION

I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.

I certify that the applicant does NOT employ illegal aliens and has complied with federal law (8 U.S.C. §1324a), which requires the examination of an appropriate document(s) to verify that an individual is not an unauthorized alien.

I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.

I certify that I have been duly authorized by the board, council, or commission of this organization to submit this application and attachments to the Neighborhood Assistance Program. Under the penalties of perjury, I declare that I have examined this application, including all accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Name*	Title		
Signature	Date		
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

\*This application must be submitted by the agency's director as listed on the first page of this application.

### Please Note:

- **The Neighborhood Assistance Program (NAP) retains the right to accept, reject, or negotiate, in whole or in part, any or all applications received.**
- **The Neighborhood Assistance Program (NAP) reserves the right to vary the provisions, set forth herein, at any time prior to the execution of a contract where NAP deems such variance to be in the best interest of NAP.**
- **This application is designed to solicit potential projects which meet the targeted performance results of the Neighborhood Assistance Program (NAP), to provide information to allow for a fair selection of projects, and to facilitate the monitoring and evaluation of and assistance to the projects which are selected.**

## NAP APPLICATION CHECKLIST

Upon completing the application, carefully check this list to make sure you have not overlooked any of the required items. A complete proposal consists of **one** copy of each of the following:

- ☐ **Application**
  - ☐ Pages A1-A2
  - ☐ Answers to questions 1-15
  - ☐ NAP Budget Page
  - ☐ Articles of Incorporation

The application must contain the executive director's original signature and notary on page A10.
- ☐ **Attachment A--Current Board Members**
  - ☐ A copy of the form provided.
- ☐ **Attachment B--Letters of Support.**
  - ☐ A copy of the form provided.
  - ☐ At least 3 letters of support
- ☐ **Attachment C—Local Government Certification**
  - ☐ Copy of form provided.
  - ☐ Map of geographical service area and project location.
- ☐ **Attachment D--Site Control Document (Only required if project is property acquisition, construction or renovation.)**
  - ☐ A copy of the form provided.
  - ☐ A copy of the required documentation.
- ☐ **Attachment E—Certification of Alien Employment/Certification of Application**
  - ☐ Copy of form attached.

**\*REMINDER\***

**KEEP A COPY OF THE ENTIRE COMPLETED APPLICATION (INCLUDING ALL ATTACHMENTS) FOR YOUR OWN RECORDS.**

**Carefully check your entire application to be sure you have not overlooked any required information or attachments. The checklist is being provided for this purpose. It is necessary for you to provide all documentation that NAP has requested in order for proper consideration to be given to your proposal. Failure to submit all required documentation will result in the disqualification of your proposal.**